



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
103 South Main Street, Ladd Hall  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

December 20, 2012

Ms. Jane White, Administrator  
Cota's Hospitality Home  
1079 South Barre Road  
Barre, VT 05641

Provider #: 0365

Dear Ms. White:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **November 27, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN  
Licensing Chief

PC:ne

Enclosure



PRINTED: 12/05/2012  
FORM APPROVED

## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 11/27/2012
NAME OF PROVIDER OR SUPPLIER  COTA'S HOSPITALITY HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 11/27/12. The following regulatory violations were identified:	R100	SEE ATTACHED PLANS OF CORRECTION.		
R313 SS=D	XI. RESIDENT FUNDS AND PROPERTY  11.1 A resident's money and other valuables shall be in the control of the resident, except where there is a guardian, attorney in fact (power of attorney), or representative payee who requests otherwise. The home may manage the resident's finances only upon the written request of the resident. There shall be a written agreement stating the assistance requested, the terms of same, the funds or property and persons involved.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the RCH failed to obtain a written request for assistance with managing the finances for 1 applicable resident. (Resident #1) Findings include:  1. Per interview at 11:45 AM on 11/27/12, the RCH owner confirmed s/he has been managing the finances for Resident #1 for approximately 10 years, however had never obtained a written consent from the resident. Per interview at 11:40 AM on 11/27/12, Resident #1 confirmed awareness and acceptance of the RCH owner managing his/her finances.	R313			
R314 SS=D	XI. RESIDENT FUNDS AND PROPERTY  11.2 If the home manages the resident's	R314			

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

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240711

If continuation sheet 1 of 2

TITLE: Manager

(X6) DATE

12/12/12

PME

PRINTED: 12/05/2012  
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## Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 11/27/2012
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R314	<p>Continued From page 1</p> <p>finances, the home must keep a record of all transactions, provide the resident with a quarterly statement, and keep all resident funds separate from the home or licensee's funds.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview, the RCH failed to maintain a record of all transactions, provide the resident with a quarterly statement, and keep all resident funds separate from the home or licensee's funds for 1 applicable resident. ( Resident #1) Findings include:</p> <p>Per interview at 11:45 AM on 11/27/12, the RCH owner confirmed s/he failed to provide a quarterly statement of funds belonging to Resident #1. The owner also confirmed the funds are not deposited in a separate fund from the home/licensee's funds. Per interview at 11:40 AM, Resident #1 confirmed s/he had not received a quarterly accounting of their funds, but was aware the funds are available and does receive their monthly funds when requested.</p>		R314		

Division of Licensing and Protection  
STATE FORM

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24Q711

If continuation sheet 2 of 2

Cota's Hospitality Home  
1079 S. Barre Road  
Barre, Vt. 05641

Plan of Correction  
Post 11/27/12 visit.

**R313 Resident Funds and Property:**

Resident 1 does not have a guardian or case manager, but does trust owner Mike Cota to cash her checks and keep her money safe for her. This money is available at her request to buy her items that she needs or wishes. Consent for this to happen has been signed. Copy included.

**R314**

A ledger of her account has been set up and money is kept in a separate, locked space. A report of her finances will be given to her on a quarterly basis.

Owner and manager will make sure she receives this accounting in the following months: January, April, August, and November.

12/12/12

*Jane White LPN/BASW*

Jane White LPN/BASW

Manager, Cota's Hospitality Home

R313 + R314 POC's accepted 12/17/12  
Fmintoshen/Amc